

PART B - FEE(S) TRANSMITTAL

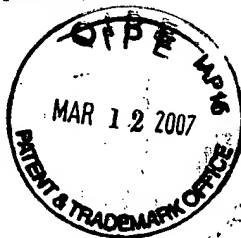
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24273 7590 01/09/2007

MOTOROLA, INC
 INTELLECTUAL PROPERTY SECTION
 LAW DEPT
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Vernice Freebourne	(Depositor's name)
<i>Vernice Freebourne</i>	(Signature)
March 7, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/929,030 08/15/2001 Masood Garahi MESH017 1872

TITLE OF INVENTION: MOVABLE ACCESS POINTS AND REPEATERS FOR MINIMIZING COVERAGE AND CAPACITY CONSTRAINTS IN A WIRELESS COMMUNICATIONS NETWORK AND A METHOD FOR USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$0 \$1700 04/09/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ABELSON, RONALD B 2616 370-315000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Randi L. Karpinia

Joseph J. Buczynski

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MeshNetworks, Inc.

Maitland, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Randi L. Karpinia

Date March 7, 2007

Typed or printed name Randi L. Karpinia

Registration No. 46,148

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 02 FC:1505 300.00 DA